



**COMMONWEALTH OF KENTUCKY
DEPARTMENT OF INSURANCE
215 WEST MAIN STREET/P.O. BOX 517
FRANKFORT, KENTUCKY 40602
502-564-6082 FAX 502-564-4604**

PREMIUM FINANCE CHECK REMITTANCE FORM

**DUE DATE: MAY 1st
ANNUAL LICENSE RENEWAL FEE -= \$100.00**

Make check payable to **KENTUCKY STATE TREASURER** and mail to the attention of the Financial Standards & Examination Division. Please use the address provided above.

For proper identification, complete the following and return with your check.

COMPANY NAME _____

FEIN NUMBER _____

CHECK NUMBER _____

CHECK DATE _____